

**MINUTES OF NHS SALFORD CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
Held on 24 September 2014 in the Salford Suite, St James's House**

Governing Body reports and previous minutes can be found by following the link:
<http://www.salfordccg.nhs.uk/GoverningBodyMeetings.asp>

Part I

Present:

Dr Hamish Stedman	-	Chair
Dr Paul Bishop	-	Strategic Partnerships and Planning Clinical Lead
Mr Alan Campbell	-	Chief Accountable Officer
Mr Steve Dixon	-	Chief Finance Officer
Dr Babar Farooq	-	Neighbourhood Clinical Lead
Dr Mansel Haeney	-	Governing Body Secondary Care Consultant
Dr Annette Johnson	-	Neighbourhood Clinical Lead
Dr Girish Patel	-	Neighbourhood Clinical Lead
Dr Tom Tasker	-	Neighbourhood Clinical Lead
Dr Owain Thomas	-	Neighbourhood Clinical Lead
Mrs Clare Todd	-	Governing Body Nurse
Mr Edward Vitalis	-	Lay Member
Dr Jenny Walton	-	Neighbourhood Clinical Lead
Mr Brian Wroe	-	Lay Member

In Attendance:

Mrs Hannah Dobrowolska	-	Head of Corporate Services
Mr David Herne	-	Director of Public Health
Mrs Sue Lightup (Part)	-	Strategic Director, Health and Social Care, Salford City Council
Mrs Karen Proctor	-	Head of Performance and Commissioning Support
Mrs Francine Thorpe	-	Head of Quality and Innovation
Mrs Liz Warwick	-	Governing Body PA

98.14 Apologies for Absence

Apologies for absence were received from; Mr Paul Newman, Lay Member; Dr Jeremy Tankel, Quality and Safety Clinical Lead; Councillor Margaret Morris, Assistant Mayor, Health and Wellbeing, Salford City Council.

Hamish Stedman announced and congratulated David Herne on his recent appointment as Director of Public Health.

99.14 **Declaration of Interests in items on this Meeting's Agenda**

Hamish Stedman requested all Governing Body members to note the individual Declaration of Interests Register provided, asking them to check all the details, amend where necessary and sign. These documents would be amended and would be a regular requirement.

There were no further conflicts of interest declared for this meeting.

100.14 **Minutes of NHS Salford Clinical Commissioning Group Governing Body Meeting held on 30 July 2014**

The minutes of the NHS Salford Clinical Commissioning Group (CCG) Governing Body meeting held on 30 July 2014 were accepted as an accurate record with the exception of the following:

- Dr Jenny Walton was present at the meeting.
- Page 4 - Greater Manchester CSU will merge with Cheshire and Merseyside CSU and not Cheshire and Merseyside CCG.
- Page 10 – The amnesty regarding the penalties for breaching the 18 week referral targets had been granted by NHS England and not specialist commissioners.

These amendments will be made to the minutes.

- Page 11 – Hamish Stedman confirmed the Risk Assurance Framework was on the Agenda.

Sue Lightup arrived at this point.

- Page 8 – Francine Thorpe advised that the IAPT referrals discussion with GMW was not taking place until October. Tom Tasker advised there had been a number of reasons why there had been an increase in the number of referrals. However, waiting times had been reduced in step three.

101.14 **Matters Arising from 30 July 2014 Minutes**

(a) Quality of Commissioned Services (minute number 87.14)

The information regarding this matter arising was incorporated in the Quality of Commissioned Services report.

Hamish Stedman advised a development session had taken place focusing on the Risk Register and would be discussed later in the meeting. Hannah Dobrowolska advised that during that session the responsibilities of the risk owners and risk sponsors had been clarified. She advised that risk sponsors and owners were alerted to risks.

Alan Campbell advised there was a backlog of patients waiting to access dermatology Mohs treatment. The CCG do not commission this service but the organisation was in dialogue with SRFT. This remained a top priority.

102.14

Leadership Reports

(a) Chair

Hamish Stedman highlighted the following:-

- The Healthier Together consultation was on-going.
- The CCG was undertaking visits to GP practices in order to ascertain how primary care could be supported and improved. The CCG was now more aligned with the local Foundation Trusts, the Local Authority and the University, therefore more community based care could now be driven forward.
- The use of IT and how data could be used was being examined and how health and social care could benefit.

103.14

(b) Chief Accountable Officer

Alan Campbell introduced the report highlighting various points including:-

- Commissioning Support Lead Provider Framework (LPF) Update - The merger taking place between Greater Manchester CSU and Cheshire and Merseyside CSU comes into effect on 1 October 2014 with a single management structure. This will create a larger pool of skills to draw upon. Nationally there will be 11 or 12 CSUs. Greater Manchester (GM) CCGs can decide what support they would like to buy, for example, IT, HR or Finance. Salford CCG make the majority of services and share with the City Council, SRFT and other CCGs. The organisation intended to consider each service on its merits. A GM workshop was planned for 3 October 2014 to explore intentions around commissioning support.
- Human Resources and Organisational Development Update – The workforce was increasing as more services were being undertaken by the CCG. In the month of May 2014, staff sickness absence figures were reported as 3% which was higher than previously. The CCG were endeavouring to understand the reason for this increase.
- NHS England Operational Resilience and Capacity Plan for 2014/15 – The Plan had been submitted to the Area Team. The inaugural meeting of the Salford System Resilience Group (SSRG), whose purpose was to align operational resilience and capacity planning for both scheduled and unscheduled care, took place on 29 August 2014. The Group was a strategic management group to establish arrangements for the plan. Alan Campbell and Dr Elaine Tamkin jointly chaired the Group.
- GP Provider Company in Salford – The CCG supported the emergence of Salix Health. Most of the GPs in Salford had signed up as shareholders.

Clare Todd advised she had been concerned that the CCG had not received a particularly good service from the CSU, but was pleased that the services were continually scrutinised and enquired if any services would come back to be provided by the CCG. Alan Campbell responded advising the CCG continually reviews whether the organisation could do the service better,

although some areas were difficult, for example, IT would be difficult to run locally although it was being discussed with partners.

Mansel Haeney enquired what the representation from GMW and SRFT for the Salford System Resilience Group had been. Alan Campbell advised the Terms of Reference had been agreed, although these did not clarify who would represent GMW and SRFT it was anticipated members from the Leadership Team would be in attendance. At the first meeting SRFT were poorly represented, but assurance had been provided that this would be addressed and delegates would attend in the future.

Mansel Haeney highlighted that although benchmarking had been provided for sickness and the age of the CCG workforce, no benchmarking had been provided for Agenda for Change bandings. Alan Campbell advised HR would be asked to provide this information.

Tom Tasker enquired when the winter funding would be released because parents had requested longer opening hours for the delivery of childhood flu vaccinations and it was important the vaccinations were provided in October/November. Steve Dixon advised the plan had been submitted to NHS England for approval. As soon as approval was received the initiative would start, however, Steve Dixon did advise there was a possibility of underwriting this and starting the process prior to approval.

Sue Lightup welcomed the information regarding Salix Health, but noted there was no reference to Salford.

David Herne highlighted the Public Health issues within the Report of the Chief Accountable Officer including:

- The reports from the Royal Society for the Prevention of Accidents and the Child Accident Prevention Trust which highlighted the increase of accidents in deprived areas. However, road traffic accidents were lower.
- There were proposals to change the licensing law to support minimum unit price, this will be undertaken in conjunction with licensing colleagues.
- The Public Health England Marketing Strategy 2014-17 will reflect national and local priorities introducing six new programmes. The key priorities were Starting Well, Living Well and Aging Well.
- The KHAT ban, which came into effect on 24 June 2014. New penalties had been introduced. KHAT was primarily used within Somali, Yemini and Ethiopian communities in the UK. It is estimated there were collectively over 1,000 people in Salford's Somali, Yemini and Ethiopian communities.
- The Stoptober initiative had become a regular event and was expected to be a useful tool. Information following this initiative will be fed back to the Governing Body.
- A collaborative approach was being undertaken within the Jewish Community to encourage people to undergo Health Checks. The Healthy Communities Collaborative's work in Salford with the Orthodox Jewish population had been chosen as a case study to be published on the national NHS Health Check website in order that other local authorities could learn from it.

- A review of emergency contraceptives had been undertaken to assess whether increased bodyweight and body mass index (BMI) affected cover.
- The Infection Prevention Control Team (IPCT) at SRFT was working closely with the IPCT in Salford Council to develop ways of working and training to prepare health and social care colleagues should they be required to care for a patient diagnosed by Carbapenemase-producing Enterobacteriaceae (CPE). The Teams will ensure all guidance was thoroughly introduced locally.

Owain Thomas noted the information on the work being undertaken regarding alcohol and enquired if further detail was available. David Herne acknowledged this was in its infancy. It will give scope to test the boundaries and cumulative impact. Further information will be provided when available.

Brian Wroe commended the Stoptober campaign and the on-going work of the Healthy Communities Collaborative focussing on health checks within the Orthodox Jewish community and would welcome feedback at the appropriate time.

David Herne advised he would bring back further information regarding the emergency contraception item following further discussion.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the report.

104.14

Strategic Priorities

(a) Integrated Care Report

Paul Bishop introduced the report and advised it was necessary for the Governing Body to endorse the templates attached as appendices. He noted the reduction in emergency admissions was likely to be challenged. He advised that the Salford Integrated Care Plan/Better Care Fund (ICP/BCF) future years' plans for non-elective (emergency) admissions based on a three year plan showed a reduction of 7%.

Jenny Walton enquired whether the figures quoted took into account a population increase and if this would affect the reduction. Karen Proctor advised the information provided did not take this into account, but further work would be undertaken to include this.

Brian Wroe highlighted typographical errors throughout the Better Care Fund planning template. Alan Campbell advised the expectations to complete within a tight deadline, and changing deadlines, had increased the pressures. Karen Proctor confirmed a corrected version of the document had been submitted.

The NHS Salford Clinical Commissioning Group Governing Body were assured and endorsed the content of the Better Care Fund Template One and Template Two.

105.14 **(b) Healthier Together Committee in Common**

Paul Bishop introduced the report advising the Healthier Together public consultation formally ends on 30 September 2014, although it had been agreed responses would still be valid up to 30 days following the deadline. A public event had taken place in August in Salford when there had been 48 attendees. There had been some issues regarding the consultation document. A Question and Answer Panel Event was taking place on 24 September 2014 in Salford.

Brian Wroe highlighted the Citizens Panel Event taking place on 22 October 2014 at the A J Bell Stadium. This was an opportunity for the CCG to meet members of the Panel and to provide up-to-date information to the people of Salford.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of this report and the minutes of the meeting held on 20 August 2014.

106.15 **Health and Wellbeing Board Report**

David Herne introduced the report which provided an update on matters discussed by the Health and Wellbeing Board.

The NHS Salford Commissioning Group Governing Body noted the contents of the report.

107.14 **Performance**

(a) Quality

(i) Quality and Safety Overview Report

Francine Thorpe presented the report advising it provided an overview of some key aspects of quality and safety for the CCG. A patient story was included which provided feedback on patient experience. Contact will be made with the hospital to address the issues raised. The 'Sign Up to Safety' national campaign was launched in June 2014 and the links between this campaign and the CCG's Quality and Safety Strategy had been discussed at a development session. The nature of this work encourages organisations to measure and demonstrate how they will improve safety. This will help to support our aim to be the safest healthcare system in the country.

Training and support to GPs continued to be provided by the Safeguarding Team, and significant progress in GPs that have accessed training had been made in the last 12 months.

Edward Vitalis commented on the patient story noting the differences between departments. Francine Thorpe advised the Patient Experience Collaborative would be undertaking case studies to establish what was happening in different departments. Commissioner Walk round visits were planned which will enable the CCG to gain an overview of both patient and staff experience.

Francine Thorpe advised the Quality Improvement Plan required as part of the “Sign up to Safety” campaign would be discussed at the Quality Strategy Implementation Group in October, therefore the Governing Body would receive an update at the November meeting.

It was confirmed patient experience and customer service issues were addressed at SRFT and that information would be reviewed at the Engagement and Experience Group.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the report.

108.14 **(ii) Quality of Commissioned Services**

Francine Thorpe presented the paper advising the key concerns associated with elective waiting times were around trauma and orthopaedics, Neurology and Dermatology. An investigation into the 1500 orthopaedic pathways referenced in the last Governing Body paper was concluded at the end of July. A further 14 patients were identified who had had their pathways closed inappropriately which resulted in their waiting over 52 weeks for treatment. Individual clinical reviews of the impact on each patient were awaited. The breaches within the dermatology service had been investigated and late referral from other organisations was a significant factor.

A&E performance had improved in July and August, but was continually monitored. The Quality and Contracts meetings held with SRFT had focussed on the “hot topic” areas of quality improvement work in community services and the Patient, Family and Carer Experience Collaborative. Information had been presented in relation to harm free care programmes and there had been a reduction in harm related to falls at Heartly Green. Information had been requested regarding patient experience and the CCG were informed that small tests of change were being undertaken such as escorting patients from the car park and developing care partners where patients can identify family members who would be involved in their care.

The CCG will be in a position at the next Governing Body to provide a trend analysis on serious untoward incidents. Knowsley CCG had been contacted to obtain the benchmarking report they recently undertook to compare GMW’s incident reporting. The independent review of the Improving Access to Psychological Therapies (IAPT) was undertaken during August and was scheduled for discussion at the GMW contracts meeting at the beginning of October. A full update will therefore be provided at the Governing Body meeting in November.

Mansel Haeney highlighted the concerns raised by a number of CCGs in relation to One to One Northwest Ltd Midwife Services. Francine Thorpe advised that incidents reported by other CCGs were discussed at the Greater Manchester Quality Surveillance Group and reported to the Chief Operating Officers. Organisations had agreed to share such information. This was important information for GPs to be aware of and the CCG had ensured that GPs had been informed.

Edward Vitalis requested that impact assessments were undertaken of provider action plans where areas of under-performance were identified.

Tom Tasker advised GMW had maintained performance around waiting times for step four services but remained under trajectory for achieving the waiting time targets for step three services which should be reviewed. He noted there was no reassurance for commissioners.

Tom Tasker noted the emergency readmissions at SRFT and enquired if this referred to particular consultants and if any reviews had taken place to establish if there were any themes. Alan Campbell responded stating this remained a key challenge in the system. Salford has had higher rates of readmission and this had been raised with the Medical Director. This will be raised at the Salford Systems Resilience Group and reported at the next Governing Body meeting.

Paul Bishop enquired whether the demand for neurology was due to increased GP referrals and if it was a Greater Manchester issue or just for Salford. He also asked what the definition of harm was in relation to the breaches of 52 weeks and whether pain was taken into account. Francine Thorpe advised she had requested a breakdown which would come to the Governing Body.

Clare Todd noted the number of serious untoward incidents at SRFT reported since April 2014 and enquired if the trauma and orthopaedics issues had been considered as incidents. Francine Thorpe responded there was clear guidance regarding serious untoward incidents and the level of harm was meant to be reported as significant. Benchmarking on the number of incidents reported was being reviewed at the Quality Surveillance Group and would provide comparative information on providers.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the report and received assurance that relevant information was being sought and processes established to scrutinise the quality and safety of our commissioned services.

109.14 (iii) Primary Care Quality

Francine Thorpe introduced the report advising it provided the numbers of significant events reported in the past two months. Issues had been identified with the Choose and Book system in relation to late or non-attachment of information to referrals by GP practices. This had been recognised by the CCG and could confirm that patients were not harmed because of the missing information. A proposal to commission Salix Health to support practices in two neighbourhoods in using the primary care quality dashboard to identify areas for quality improvement was being developed. An extended access proposal submitted by the Eccles Neighbourhood had been approved and it was anticipated that the model will be operational from January 2015.

The national roll out for the Friends and Family Test for GPs was planned for the end of the year and the Engagement Team continued to work with GPs on this and other ways to obtain patient feedback.

Francine Thorpe confirmed the primary care quality dashboard would be available for the Governing Body to consider and would be monitored through the quality reports.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the report and the progress made in developing the quality and safety agenda within primary care.

110.14 **(b) Organisational Performance**

Alan Campbell presented the report highlighting the following:

- A & E waiting times at SRFT had improved. However, because Trafford General now closed between 11.00 pm and 8.00 am this had an effect on other hospitals. As a consequence an additional 20 patients a day were presenting at SRFT from Trafford. The Systems Resilience Group were addressing this.
- The number of patients waiting more than 52 weeks was causing concern.
- Ambulance response times remain an issue. There had been an increase from 7 to 10% since last year.
- Improvements had been seen in the Improving Access to Psychological Therapies Service.
- 31 day wait for cancer treatments – a plan to manage this within Greater Manchester had been developed.

Clare Todd noted there was a reluctance to comply with the targets for cancer waits and enquired why this was. Alan Campbell advised plans were agreed by providers and commissioners. There were skill shortages and funding was invariably an issue.

Brian Wroe enquired whether the CCG knew the patients and whether the organisation knew where they were up to in their pathway. He advised there wasn't enough information in the report and the 62 day cancer waits failed regularly. Alan Campbell advised this issue would be addressed.

The NHS Salford Clinical Commissioning Group Governing Body recognised the progress made in achieving the targets; accepted the actions set out for the targets currently rated red as adequate and required a progress update at the next meeting. The Governing Body noted Monitor's risk ratings for NHS Foundation Trusts for month four 2014/15; noted the Care Quality Commission's Inspection Outcomes for NHS Trusts and the update on the development of Salford CCG's Strategic Plan outcome measures.

111.14 **(c) Finance Report – Month 3**

Steve Dixon introduced the report advising the information provided was on the month five financial position and forecast outturn for 2014/15 based on available information at the end of August 2014. The CCG was still on track to achieve all of its statutory financial targets.

There were some budgets that were overspending, namely secondary care acute contracts but these were offset by under spends on continuing healthcare and the use of the contingency reserve that was set aside at the beginning of the financial year.

There was further work on-going to understand better the causes of the pressures on the secondary care contracts:

- A&E increase in activity. A separate meeting has been arranged with Salford Royal NHS Foundation Trust to better understand this.
- Outpatient activity in rheumatology and gastroenterology had increased by a third and further information had been requested. Initial investigations reveal that the increases were due to amendments to NICE guidance in relation to certain rheumatology at the end of the last financial year which could require patients to receive more follow up care. In relation to gastroenterology, more patients were being seen and tested in the recently commissioned liver clinics. Further analysis was being undertaken to test these initial findings. If these changes fully explain the increase in activity, then these areas of increased activity were positive for the population of Salford. An update will be provided to the next Governing Body meeting in November.

In relation to the continuing healthcare, the budget was increased by 7% at the start of the year, representing an expected 4% increase in price and 3% increase in patient numbers. The price increase had materialised in year but the patient numbers receiving continuing healthcare packages in Salford had remained static. Therefore the underspend was as a result of the budget being set higher than needed. All eligible patients in Salford were receiving continuing healthcare packages. Steve Dixon advised the national criteria was followed for funded care applications, each case was assessed against standards and the Team had assured the Executives the guidelines were being adhered to. There was an appeals process and the CCG had only lost two appeals in the last five years. He also advised quality standards in homes were being assessed for the possibility for investment to raise standards.

Within this year's financial plan, the Governing Body approved an investment plan in order to deliver the CCG's Strategic Plan. The total amount earmarked was around £6m. A mid-year review of forecast spend highlighted there may be slippage of around £2m. The Programme Management Group was looking at how to accelerate spending where possible or non-recurrent uses for this funding. The Strategic Plans for next year were being reviewed to ascertain if any business cases could be brought forward. This will be discussed next month at the Programme Management Group and a more comprehensive update brought to the Governing Body in November.

Edward Vitalis enquired whether the acute overspend would have an impact on the amount of funding available in the future for new investments. He also enquired whether it would be possible to increase the initiatives and provide money in the community. Steve Dixon responded that some of the overspends against the acute contracts was non-recurrent (for example, waiting list initiatives to clear the back log of long waiting patients) but some of the overspend will be recurrent (for example the growth in patients being seen at the specific rheumatology and gastroenterology clinics mentioned previously). The full impact will be picked up as part of the refresh of the medium term financial plan that is updated annually.

Steve Dixon advised the CCG would be reviewing the Strategic Plan to highlight investment in new services providing enhancements and quality

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improvements. He noted the CCG had not invested in some areas as planned and this had been due to timing issues and progressing business case approval. It was hoped the services would be operational at the beginning of the next financial year. In order to accelerate the production of business cases or to bring forward expenditure plans from future years, there would be a need for increased management capacity. There is an underspend in Corporate Services and the CCG's Executive Team has encouraged the Service Improvement Team to identify what additional staff were required to bring forward the Strategic Plan priority areas.

Clare Todd enquired if the reduction for non-elective admissions as part of the Better Care Fund/Integrated Care programme had been factored into the forecast outturn. If non-elective activity was continuing to grow then it makes achieving a reduction even more difficult. Steve Dixon advised the reduction in non-elective admissions was anticipated until 2015/16 - it was anticipated that investment was required in community services before any impact was made on acute hospital admissions. Work on business cases for investments in the community and voluntary sector were being undertaken now and it was expected that all of these will be completed by November 2014.

Steve Dixon advised the additional activity was not captured as a specific risk, but further work was planned to ensure compliance. Sue Lightup advised there was a risk register for the Alliance Board and it was important to ensure there was consistency between the partners and that mitigations should also be consistent.

Paul Bishop noted a 4% reduction in elective and day case activity, but it was reported there was an increase in costs. Steve Dixon advised there had been more inpatients than day cases this year (which were more expensive than day cases) - therefore combined activity was below plan but the finance cost was above plan.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the report, in particular the risks identified in Section 7 to the delivery of statutory financial duties; noted the need to develop non recurrent investment plans for approval by the Programme Management Group that utilised any potential slippage and were in accordance with the CCG's commissioning priorities.

112.14

Process

(a) Risk Assurance Framework

Alan Campbell introduced the report advising it provided information regarding outstanding risks which were under control and no risks were overdue for review. There were three current threats. Alan Campbell advised all strategic risks would come to the Governing Body in November.

The NHS Salford Clinical Commissioning Group Governing Body noted the content of the Risk Assurance Framework and underpinning reports as at 4 September 2014; accepted the report as part of the assurance process, showing that the Risk Management Strategy was being implemented and that corporate risks were being assessed, managed and reported effectively in accordance with the strategy and confirmed

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that the current level of risk was acceptable to the Governing Body. The Governing Body also acknowledged the work that was currently ongoing to further develop the risk reporting arrangements.

113.14 **(b) Information Governance Management Framework**

Steve Dixon presented the report advising it highlighted how the CCG managed data and had rigorous procedures in place to manage this effectively. It was necessary for the Governing Body to endorse and approve the Information Governance Management Framework.

Jenny Walton noted the involvement of the CSU and enquired whether the proposed merger would affect the service provided. Steve Dixon advised the CCG commissioned Information Governance support from the CSU and received excellent support from the CSU for this product. This service will continue to be provided by the CSU, but will be continually monitored.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the report and approved the Information Governance Management Framework.

114.14 **(c) Register of Declaration of Interests**

Hamish Stedman presented the Register highlighting it provided an update of the entries onto the Register of Declaration of Interests for CCG Governing Body members. He reiterated the request at the beginning of the meeting for all members to update their interests when required.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the Register.

115.14 **Minutes/Reports of Partnership Boards/Sub Committees**

(a) Programme Management Group (PMG) Report

Annette Johnson introduced the report for information and assurance relating to commissioning programmes and decisions made by the Programme Management Board in July and August 2014. Annette Johnson advised the report highlighted the Systems Resilience Group work being undertaken and the work to support the GP provider and the extended access pilot.

The NHS Salford Clinical Commissioning Group Governing Body noted the content of the report, including decisions made by the Programme Management Board in July and August 2014.

116.14 **(b) Audit Committee Report**

Steve Dixon presented the report which updated the Governing Body on decisions and risks identified at the last Audit Committee meeting held on 4 September 2014.

The NHS Salford Clinical Commissioning Group Governing Body noted the contents of the report.

117.14 **(b) Salford Children and Young People's Board Summary – 20 August 2014**

The summary of the meeting held on 20 August 2014 was presented to the Governing Body for information.

The NHS Salford Clinical Commissioning Group Governing Body noted the content of the summary.

118.14 **Reflection**

The Chairman summarised the key decisions from this meeting reflecting on the impact they will have on the health of people in Salford.

119.14 **Any Other Business**

Francine Thorpe advised she would circulate future dates of the Quality Walk Rounds to Lay Members for them to consider attending if available.